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### FACSIMILE MESSAGE

TO FACSIMILE NO.:

(703) 746-5105

ATTENTION:

Examiner Gabrielle Bugaisky

USPTO - Art Unit 1643

FROM:

Douglas Sorocco c/o Amber Stills

SUBJECT: U.S. Serial No. 09/469,200

HYALURONAN SYNTHASE GENE AND USES THEREOF

Our Ref. No. 35541.011

DATE:

May 29, 2003

PAGES:

<u>24</u> including this transmittal page.

Call (405) 607-8600 if you should have any questions regarding this transmittal.

### **MESSAGE:**

#### Examiner Bugaisky:

Attached for filing in the above-referenced application is a Preliminary Amendment as well as a Transmittal Form, Fee Determination Record, and Fee Transmittal Form authorizing deposit account no. 04-1700 to be charged \$1,120,00 for additional claim fees.

If you have any questions or need anything further please contact me at 800-2**35-**5925.

Douglas J. Sorocco, Reg. No. 43,145

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Approved for use through 10/31/2002, DMB 0551-0039

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

(	Application Number	09/469,200								
TRANSMITTAL	-	Filing Date	12/21/1999							
FORM		First Named Inventor	Paul Weigel, et al.							
(to be used for all correspondence after initial	filing)	Group Art Unit	1643							
		Examiner Name	G. Bugaisky							
Total Number of Pages In This Submission		Attomey Docket Number	35541.011							
ENCLOSURES (check all that apply)										
X Fee Transmittal Form	Assignm (for an A	ent Papers ipplication)	After Allowance Communication to Group							
X Fee Attached	Drawing	(8)	Appeal Communication to Board of Appeals and Interferences							
X Amendment / Reply	Licensin	g-related Papers	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)							
After Final	Petition	to Convert to a	Proprietery Information							
Affidavits/declaration(s)	Provisio	nal Application	Status Letter							
Extension of Time Request	Change Address		Other Enclosure(s) (please identify below):							
Express Abendonment Request		I Disclaimer t for Refund	See remarks below:							
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Response to Missing Parts 4. Feet	Transmittal F Determination	(1 page); 1 Record (1 page); dmant (20 pages).								
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SIGNATURE OF	APPLI	CANT, ATTORNEY, OR	AGENT							
DUNLAP, CODDING 8	ROGE	RS, P.C., Customer No	umber 30589							
or Individual name Douglas J. Sorocco, P. O. Box 16370, Oklahoma City, Oklahoma 73113										
Signature										
Date 5 29	,.0	3								
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I hereby certify that this correspondence is being deposited with the mail no. (703) 746-5105 In an advelope addressed to the			postage as first class mail or U.S. Express 05/29/2003							
Typed or printed name Rouglas Sorocc	Typed or printed name Rouglas Sorocco, Reg. No. 43,145									
Signatur	_/	Date	5 29 03							

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Applicant claims small entity status. See 37 CFR 1.27						643			
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or number previously paid, if greater, For Reissues, see above						- 8	UBTOTAL		
SUBMITTED BY		0-24	Man Ar					(il applicable)	
Name (Prist/Type) Douglas L. Sorocco		Registre (Atlomen		43	3,145		Telephone	(405) 478-5	344
Signeture	_						Date	05/29/2003	3

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Approved for use through 10/31/2002, 0)#9 0651-0032

	PATENT A	PPLICATIO	N FEE D	ETERMINATI	ON RECOR	D A	plication or		, 	
CLAIMS AS FILED - PART 1 (Column 1) (Column 2)						SMALL E	SMALL ENTITY			HAN NTITY
FOR  BASIC FEE (37 CPR 1.14(a))  TOTAL CLAIMS (37 CPR 1.16(c))  INDEPENDENT CLAIMS (37 CPR 1.16(b))  MULTIPLE DEPENDENT C		NUMB	ER FILED	NUMBER		RATE	FEE	]	RATE	FEE
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		CLAIN	is as ami	ENDED - PART I	(Column 3)	SMALL E	NTITY	OR	OTHER T	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	addi- Tionai Fee
NDS	Total (37 CFR 1.16(e))	14	Minus	* <b>=</b> 59	= 0	x \$ <u>9</u> =	0	OR	x <u>s_18</u>	0
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7	first pres	ENTATION OF M	ULTIPLE DEI	PENDENT CLAIM	7 CFR 1.16(d)) 4	+ 140 =	560	OR	+ 280 =	1120
		(Column 1)		(Column 2)	(Column 3)	TOTAL ADDIT. FEE	0	ORA	TOTAL DDIT. FEE	1120
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAI FEE
	Total (17 CFR 1.16(e))	<b>#</b>	Minus	+=	=	x \$ <u>.9</u>	0	OR	x \$=	0
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۹.	FIRST PRES	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 07 CFR 1.16(d))				+ 140 =	0 .	OR	+_280 =	0
	-	(Culumn 1)		(Column 2)	(Column 3)	TOTAL ADDIT, FEE	0	ORA	TOTAL DDIT. FEE	0
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAI FEE
Z	Total (37 CFR 1.16(0))	•	Minus	**	æ	x \$_9	0	OR	x S <u>18.</u> –	0
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٧,	PIRST PRES	PIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					0	OR	+ 280 -	0
** I	f the "Highest Nu	mber Previously Pa	d For IN THE	nn 2, write "0" in colu IS SPACE is less than S SPACE is less than :	20, enter "20".	TOTAL ADDIT. FEE	0	OR	TOTAL DDIT. PEE	0

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